

Exhibit 5



CARDINAL HEALTH INC



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DEA OVERVIEW AND DIVERSION DETECTION AND PREVENTION

CARDINAL DEA TRAINING



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DRUG ENFORCEMENT ADMINISTRATION (DEA)



■ DEVELOPMENTS IN REGULATORY CONTROLS

■ CHEMICALS

■ CONTROLLED SUBSTANCES

■ SUSPICIOUS ORDER MONITORING

■ OPERATIONS

■ MANAGEMENT/STRUCTURE

■ RELATIONSHIP WITH REGISTRANTS

DIVERSION CONCERNS



■ EXTENT OF PROBLEM

■ PHARMACEUTICAL DRUGS

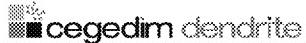
- HYDROCODONE
- OXYCONTIN
- DILAUDID
- METHADONE
- ALPRAZOLAM
- DIAZEPAM
- PHENTERMINE

■ METHODS OF DIVERSION

- EMPLOYEE AND NON-EMPLOYEE THEFTS
- IN-TRANSIT LOSSES
- INDISCRIMATE PRESCRIBING
- FORGED PRESCRIPTIONS
- DOCTOR SHOPPING
- PAIN CLINICS
- FINANCIERS
- ORDERS AND DISTRIBUTION

DIVERSION CONCERNS - DC

- UNSECURED DRUGS IN THE RECEIVING/DISTRIBUTION AREAS
- POOR INVENTORY CONTROLS FOR DRUGS AWAITING DESTRUCTION
- ACCESS TO COMPUTER PROGRAMS TO CHANGE "ON HAND" BALANCES
- USE OF TRASH CANS/RECEPTACLES FOR DIVERSION
- INADEQUATE USE OF CAMERAS
- LACK OF ACCESS CONTROLS
- PERSONAL BELONGINGS

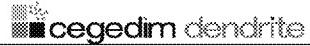


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RESPONSIBILITY



- **RECOGNITION AND PREVENTION**
 - **MANAGEMENT, SUPERVISORY AND STAFF
RESPONSIBILITY**



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CONTROLLED SUBSTANCES ACT



- PASSED IN 1970, EFFECTIVE IN 1971
- ESTABLISHED THE CONCEPT OF A “CONTROLLED SUBSTANCE” WHICH INCLUDED BOTH OPIOIDS AND PSYCHOTROPIC SUBSTANCES
- PLACED WITHIN THE DEPARTMENT OF JUSTICE
- ESTABLISHED A “CLOSED SYSTEM”
- ONLY LEGALLY REGISTERED PERSONS MAY POSSESS CONTROLLED SUBSTANCES
- RECORDS MUST BE MAINTAINED WHEN CONTROLLED SUBSTANCES ARE TRANSFERRED FROM ONE REGISTRANT TO ANOTHER

CONTROLLED SUBSTANCES ACT- continued



■ DRUG SCHEDULES

■ ORDER FORMS

■ REGISTRATION

■ PRESCRIPTIONS

■ SECURITY

■ IMPORT

■ QUOTAS

■ EXPORT

■ RECORDS / REPORTS



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SCHEDULES



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CONTROLLED SUBSTANCES



■ CONTROLLED SUBSTANCE

- A DRUG OR OTHER SUBSTANCE, OR IMMEDIATE PRECURSOR, INCLUDED IN SCHEDULE I, II, III, IV OR V
 - OPIOIDS
 - SEDATIVES
 - STIMULANTS
 - DEPRESSANTS
 - HALLUCINOGENICS
 - ANABOLIC STEROIDS

CONTROLLED SUBSTANCES

■ SCHEDULE I

- NO LEGITIMATE MEDICAL USE – MARIJUANA, HEROIN, LSD

■ SCHEDULE II

- MORPHINE, OXYCODONE, AMPHETAMINES,
METHYLPHENIDATE, SECOBARBITAL

■ SCHEDULE III

- HYDROCODONE AND CODEINE COMBINATION

■ SCHEDULE IV

- DIAZEPAM, LORAZEPAM

■ SCHEDULE V

- COUGH PREPARATIONS WITH CODEINE

CONTROLLED SUBSTANCES SCHEDULING, DESCHEDULING, RESCHEDULING



■ FEDERAL

- FDA
- DEA

■ STATE

- AUTOMATIC
- ADMINISTRATIVE
- LEGISLATIVE

REGISTRATION



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REGISTRATIONS

MANUFACTURING (SCHEDULE I - V)	DISTRIBUTION (SCHEDULE I - V)	DISPENSING / INSTRUCTION (SCHEDULE II - V)
CHEMICAL ANALYSIS (SCHEDULE I - V)	RESEARCH (SCHEDULE I - V)	IMPORT (SCHEDULE I - V)
EXPORT (SCHEDULE I - V)	NTP SCHEDULE II - V)	

REGISTRATIONS



- SIGNATURE
 - INDIVIDUAL
 - PARTNERSHIP
 - CORPORATION

- POWER OF ATTORNEY
 - SUBMISSION

- COINCIDENT ACTIVITIES



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DISTRIBUTION CENTER RECORDS AND REPORTS



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GENERAL REQUIREMENTS

- CONTROLLED SUBSTANCE RECORDS MUST BE AVAILABLE FOR INSPECTION
 - MAY REQUEST CENTRAL RECORDKEEPING FOR SOME RECORDS
- RECORDS MUST BE MAINTAINED FOR TWO YEARS
- SCHEDULE II RECORDS MUST BE MAINTAINED SEPARATE FROM OTHER RECORDS
- SCHEDULE III, IV AND V RECORDS MAY BE COMMINGLED WITH OTHER RECORDS IF THEY ARE "READILY RETRIEVABLE"

CONTROLLED SUBSTANCES REQUIREMENTS



■ SCHEDULE II

- DEA FORM 222
- ELECTRONIC ORDERING
- RECEIVING AND DISTRIBUTION RECORD
 - SUPPLIER/CUSTOMER NAME, ADDRESS AND DEA
REGISTRATION NUMBER, ACTUAL DATE OF
RECEIPT/DISTRIBUTION, DRUG NAME, STRENGTH,
DOSAGE FORM, QUANTITY AND NUMBER OF
COMMERCIAL CONTAINERS

■ SCHEDULE III, IV AND V

- RECEIVING AND DISTRIBUTION RECORD

CONTROLLED SUBSTANCES REQUIREMENTS - REPORTS



■ DEA 106

■ THEFT AND SIGNIFICANT LOSSES

- ALL THEFTS MUST BE REPORTED WITHIN ONE BUSINESS DAY, IN WRITING, TO BE FOLLOWED BY A DEA 106
- ONLY SIGNIFICANT LOSSES ARE TO BE REPORTED ON A DEA 106.

■ IN TRANSIT LOSSES TO BE REPORTED BY THE SUPPLIER

■ DEA 41

■ DISPOSAL

■ ARCOS

■ ERROR LISTINGS

CONTROLLED SUBSTANCES REPORTS



■ SUSPICIOUS ORDER MONITORING (SOM)

- EXCESSIVE QUANTITIES
- UNUSUAL FREQUENCY
- UNUSUAL SIZE
- ORDERS DEVIATING SUBSTANTIALLY FROM A NORMAL PATTERN

■ REPORTING

■ SHIP – DON'T SHIP

CARDINAL'S SOM PROGRAM

- NEW CUSTOMER QUESTIONNAIRE TO BE COMPLETED BY THE PHARMACIST BUSINESS CONSULTANT AND REVIEWED AT CORPORATE BY THE DIVERSION CONTROL GROUP
 - ACCOUNT APPROVED AND OPENED
 - ACCOUNT NOT APPROVED PENDING ADDITIONAL INVESTIGATION
 - ACCOUNT DENIED

CARDINAL'S SOM PROGRAM

- COMPUTER ANALYSIS OF ORDERS
 - GROUPS DRUGS ACCORDING TO GENERIC INGREDIENT
 - COMPARES PURCHASES FOR LIKE ACCOUNTS
 - i.e., HOSPITALS, GOVERNMENT RETAIL PHARMACY
 - COMPARES PURCHASES FOR SIMILAR SIZE ACCOUNTS
 - i.e., SMALL, MEDIUM AND LARGE ACCOUNTS, BASED UPON RX DOLLAR VOLUME
 - COMPARES PURCHASES BASED UPON INDIVIDUAL DEA REGISTRATION NUMBER
 - NOT BY ACCOUNT NUMBERS
 - ORDERS FOR THREE TIMES THE AVERAGE ARE HELD/PENDED
 - ORDERS ARE ANALYZED IN REAL TIME

CARDINAL'S SOM PROGRAM

- PENDING ORDERS ARE REVIEWED BY THE DIVERSION CONTROL GROUP
 - INVESTIGATION FROM A REMOTE LOCATION (i.e., HEADQUARTERS)
 - ON SITE INVESTIGATION
 - COORDINATE WITH THE LOCAL DC
- CLEARED ORDERS ARE RELEASED
- IF NOT CLEARED, THE ORDER IS DEEMED SUSPICIOUS AND REPORTED TO THE DEA
- ONLY THE DIVERSION CONTROL GROUP CAN ADJUST THRESHOLDS FOR INDIVIDUAL ACCOUNTS

INVENTORY AND INVENTORY ADJUSTMENTS



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CONTROLLED SUBSTANCES INVENTORY



■ INVENTORY

- MUST BE TAKEN ONCE EVERY TWO YEARS
- SCHEDULE II MUST BE SEPARATE FROM SCHEDULE III, IV AND V
- ALL CONTROLLED SUBSTANCES INCLUDING
 - OUTDATES
 - HELD FOR DISPOSAL
 - DAMAGED
- MUST BE TAKEN AS OF THE OPEN OR CLOSE OF BUSINESS
- MUST BE AN EXACT COUNT

TREND ANALYSIS



- NEED FOR DOCUMENTATION, REVIEW AND APPROVAL PRIOR TO AN INVENTORY ADJUSTMENT
 - CONDUCT A REVIEW / INVESTIGATION
 - RECORDS MUST DOCUMENT
 - THE INVESTIGATION CONDUCTED / DEA-TYPE ACCOUNTABILITY
 - THE IDENTITY AND QUANTITY OF THE DRUGS
 - ENSURE THAT THE NUMBER OF EMPLOYEES IS LIMITED, AND A REPORT IS COMPLETED PRIOR TO THE ADJUSTMENT
 - THEFTS AND SIGNIFICANT LOSSES REQUIRE A REPORT TO THE DEA UPON DISCOVERY, WITHIN ONE BUSINESS DAY

SECURITY



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CONTROLLED SUBSTANCES SECURITY

- **SCHEDULE II**
 - VAULT
 - SAFE
 - LIMITED AND CONTROLLED ACCESS
 - DESIGNATED EMPLOYEE
- **SCHEDULE III, IV AND V**
 - CAGE
 - LIMITED AND CONTROLLED ACCESS
 - DESIGNATED EMPLOYEE
- **CAMERAS**
- **ALARMS**
- **SHIPPING CONTAINERS**

QUESTIONABLE PRESCRIBING



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CONTROLLED SUBSTANCES QUESTIONABLE PRESCRIBING



■ ACUTE AND EPISODIC PAIN

- PRESCRIBING SEVERAL DIFFERENT KINDS OF SHORT-ACTING OPIOIDS AT THE SAME TIME
- PRESCRIPTIONS THAT GREATLY EXCEED THE MAXIMUM DAILY DOSAGE OF ACETAMINOPHEN (50MG/KG)
- LONG-TERM PRESCRIBING OF OPIOIDS FOR A SHORT-TERM PROBLEM WITHOUT A DIAGNOSIS OF CHRONIC PAIN

■ CHRONIC PAIN

- ROUTINE PRESCRIBING AND DISPENSING OF DRUGS NOT RECOMMENDED FOR CHRONIC PAIN
- HIGH VOLUME PRACTICE
- POOR NOTES
- FAILURE TO DOCUMENT AN APPROPRIATE REASON FOR PRESCRIBING OPIOIDS

CONTROLLED SUBSTANCES QUESTIONABLE PRESCRIBING



■ CHRONIC PAIN (CONTINUED)

- FAILURE TO ABIDE BY FEDERAL AND STATE CONTROLLED SUBSTANCE LAWS AND REGULATIONS
- PRESCRIBING MANY TYPES OF DRUGS WITH ABUSE POTENTIAL FOR ONE PATIENT
- PRESCRIBING OR DISPENSING TO SUSPICIOUS INDIVIDUALS
- PRESCRIBING CONTROLLED SUBSTANCES TO SELF OR FAMILY MEMBERS

PHARMACY DISPENSING



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CONTROLLED SUBSTANCES PHARMACY DISPENSING



■ PHARMACIST RESPONSIBILITY

- **LEGAL RESPONSIBILITY – STATE AND FEDERAL REQUIREMENTS FOR DISPENSING CS**
- **PERSONAL RESPONSIBILITY – PROTECT YOUR PRACTICE FROM BECOMING AN EASY TARGET FOR DRUG DIVERSION**
- **CONSTANT VIGILANCE AGAINST FORGED AND ALTERED PRESCRIPTIONS**

■ FRAUDULENT PRESCRIPTIONS

- **ALTERATION OF PRESCRIPTIONS**
- **FORGED PRESCRIPTIONS**
- **NON-MEDICAL**

CONTROLLED SUBSTANCES PHARMACY DISPENSING



■ POSSIBLE INDICATION OF NON-MEDICAL PRESCRIBING

- PRESCRIBER WRITES SIGNIFICANTLY MORE PRESCRIPTIONS (OR IN LARGER QUANTITIES) COMPARED TO OTHER PRACTITIONERS IN THE AREA
- THE PATIENT APPEARS TO BE RETURNING TOO FREQUENTLY
- THE PRESCRIBER WRITES PRESCRIPTIONS FOR ANTAGONISTIC DRUGS, SUCH AS DEPRESSANTS AND STIMULANTS, AT THE SAME TIME
- PATIENT APPEARS PRESENTING PRESCRIPTIONS WRITTEN IN THE NAMES OF OTHER PEOPLE
- A NUMBER OF PEOPLE APPEAR SIMULTANEOUSLY, OR OVER A SHORT TIME, ALL BEARING SIMILAR PRESCRIPTIONS FROM THE SAME PHYSICIAN
- NUMEROUS "STRANGERS," PEOPLE WHO ARE NOT REGULAR PATRONS OR RESIDENTS OF THE COMMUNITY, SUDDENLY SHOW UP WITH PRESCRIPTIONS FROM THE SAME PHYSICIAN

CONTROLLED SUBSTANCES PHARMACY DISPENSING



■ CHARACTERISTICS OF FORGED PRESCRIPTIONS

- PRESCRIPTION LOOKS TOO GOOD – TOO LEGIBLE
- QUANTITIES, DIRECTIONS OR DOSES DIFFER FROM USUAL MEDICAL USAGE
- PRESCRIPTION DOES NOT COMPLY WITH THE ACCEPTABLE STANDARD ABBREVIATIONS
- PRESCRIPTIONS APPEARS TO BE PHOTOCOPIED
- DIRECTIONS WRITTEN IN FULL WITH NO ABBREVIATIONS

CONTROLLED SUBSTANCES PHARMACY DISPENSING



■ PREVENTION TECHNIQUES

- KNOW THE PRESCRIBER AND SIGNATURE
- KNOW THE PRESCRIBER'S DEA REGISTRATION NUMBER
- KNOW THE PATIENT
- CHECK THE DATE ON THE PRESCRIPTION ORDER. HAS IT BEEN PRESENTED IN A REASONABLE LENGTH OF TIME
- DRUGS PRESCRIBED
- DISCUSS TREATMENT WITH PHYSICIAN
- DRUG TESTING
- PATIENT AND PHYSICIAN CONTRACTS
- PHYSICIAN AND PHARMACY CONTRACTS

DC PREVENTION TECHNIQUES



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CONTROLLED SUBSTANCES DC PREVENTION TECHNIQUES



■ PREVENTION TECHNIQUES

- KNOW THE PHARMACY
- LOCATION
- PHYSICIANS AND CLINICS IN AREA
 - TYPES
- TYPES OF CUSTOMERS
 - LOITERING
- ORDERING PATTERN
 - TYPES OF DRUGS
- MONITOR ORDERS
 - FREQUENCY
 - SIZE
- CHECK THE DATE ON THE ORDER. HAS IT BEEN A REASONABLE LENGTH OF TIME

Q&A



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